Each political committee, including any subsidiary committee, which after having filed an annual statement of organization wishes to dissolve or disband and (1) determines that it has not received contributions, transfers of funds, or loans and has not made expenditures, transfers of funds, or loans in the aggregate during the calendar year in excess of five hundred dollars (\$500) and does not anticipate doing so or (2) determines that it will no longer receive any contributions, loans, or transfers of funds and will no longer make any expenditures, loans, or transfers of funds, shall file a statement of dissolution with the supervisory committee prior to dissolving. All committee debts and obligations must be paid or otherwise extinguished and any funds on hand must be expended or otherwise distributed before a political committee and dissolving.

supervisory committee prior to dissolving. All any funds on hand must be expended or off	ll committe	e debts and obi	idelfians must be	nold of atheruse	~ ~~	ished and
Hand deliver or mail to: CAMPAIGN FINAL	NCE, 8401	United Plaza Bi	/d., Suite 200, E	Saton Rouge, LA	70808	-7017.
Full Name and Address of Political Committee FIX OUR STREET COMMITTEE 2322 TREMONT DR., SUITE 200			PAC	OFFICE USE	ÖNLY	050
BATON ROUGE	LA	70809	415			501821
2. Name and Address of Committee Chaliperson					2005 FEB IS AMIT	DEVISOR BRIGHTS SOHTS BRIGHTS SOHTS BRIGHTS BR
	Please	ses attached shoets			22	쩄줖
3. Was this Committee the Principal Campaign Committee	ee of a Candi	date?			Yes _	<u></u>
If yes, give the name of the Candidate	Pipe	se see attached she	ets			
4. Was this Committee a Substituty Committee designs	ited by either.	# Candidate or a Prin	opal Campaign Con	mittee?	Yes :	X No
If yes, give the name of the Candidate or Committee	_	Please see attaci			_	
WE HEREBY CERTIFY that this committee of otherwise distributed.	tee has no	unpaid debts or	obligations and	that all funds har	re been	expended
WE HEREBY CERTIFY that this commade expenditures, transfers of funds, or k (\$500) and does not anticipate doing so, o expenditures, transfers of funds, or loans dur	cans in the or (2) will re ing the rem	aggregate durin sceive no contrib painder of the cale	g the calendar yeutions, transfers endar year.	ear in excess of t of funds, or loans	ive hund s and wi	asellob best
WE FURTHER CERTIFY that a complete	ted Commit	ttee Report accor	npanies this Stat	ement of Dissolu	tion.	
Dated 02/14/2005 Signature of Completine Officerous	in	7	225-928-47 Daylime Tel	70 Ephone Number		_
Signatula of Committee Champerson			Daytime Tel	aphone Number		_
orim 200, Rev. SIBB.	 -					

HAND DELIVERED

Affiliated Persons / Organizations				2/2
Name and Address of Chair Person RANDY J. BONNECAZE 2322 TREMONT DR.			Candidate Information Office Sought (include title of office as well as parish, city, town under election district)	
BATON ROUGE	LA	70809		
			Name of Political Party:	
Chairperson:			SUPPORTED OPPOSED by the Committee	
Daytimo Telephone (Preparer):			Rel of Afr. Org. to Comm;	
		,		
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